

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023501

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 550 Primary Registration District No. 5179 Registrar's No. 36

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

USE BLACK INK
OR
TYPEWRITER RIBBON

1 0150
2 7004
3
4 0
5 1
6
7 0
8 2
9 X
10
11 015
12 91-3
13 2-0

FILED JUN 25 1963	
1. PLACE OF DEATH a. COUNTY <u>Camden</u> b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Osage</u> Length of stay in 1b c. FULL NAME OF (If NOT in hospital, give location) <u>North Hwy 5</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u> c. CITY OR TOWN <u>Lee's Summit</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>200 South Yost</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>G</u> Last <u>Latimer</u>	
4. DATE OF DEATH Month <u>June</u> Day <u>18</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-11-1916</u> 9. AGE (last birthday) <u>46</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Purchase Buyer</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Sheffield Steel</u>	
11. BIRTHPLACE (City and state or country) <u>Independence, Mo</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Maurice Latimer</u>	
13b. MOTHER'S MAIDEN NAME <u>Julia Rice</u>	
14. NAME OF HUSBAND OR WIFE <u>Helen Jewell Latimer-Dec.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>WW War 11</u>	
16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
17. INFORMANT <u>Maurine Yeats, 707 Sunset Drive, Indep. Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CRUSHING INJURY TO CHEST AND HEAD</u> DUE TO (b) <u>AUTO ACCIDENT</u> DUE TO (c) <u>—</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>—</u>	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>SINGLE CAR ACCIDENT</u>	
20c. TIME OF INJURY Hour <u>2:5</u> a.m. <u>6-17-63</u> p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>	
20f. CITY, TOWN, OR LOCATION <u>Highway 5 North Camden, Camden, MO.</u>	
21. I attended the deceased from <u>7:10 P.M.</u> to <u>—</u> and last saw her alive on <u>—</u> Death occurred at <u>7:10 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Dr. H. H. Reed, M.D. Coroner - Camden County</u>	
22b. ADDRESS <u>Camden, MO.</u>	
22c. DATE SIGNED <u>6-21-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>June 21, 1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Mount Washington</u>	
23d. LOCATION (City, town, or county) <u>Independence Mo</u>	
24. FUNERAL DIRECTOR <u>Robert H. Reed</u> ADDRESS <u>Camden, Mo</u>	
25. DATE RECD. BY LOCAL REG. <u>June 19-1963</u>	
26. REGISTRAR'S SIGNATURE <u>Julius J. Shaw</u>	

JUN 26 1963

JUL 22 1963

DEC 5 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Camdenton Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.